

NORTH DAKOTA STATE BOARD OF OCCUPATIONAL THERAPY PRACTICE

PO BOX 4005 · BISMARCK, ND 58502-4005 · Phone 701-250-0847

ndotboard@aptnd.com · www.ndotboard.com

APPLICATION FOR RENEWAL OF LICENSE

2026 / 2028

DO NOT SEND THIS FORM IF YOU ALREADY RENEWED ONLINE!

Make checks or money orders payable to NDBOTP.

Do not staple or tape your check to the form to avoid torn checks and forms.

Print legibly and do not use pencil to complete application.

OFFICE USE ONLY

Postmark Date _____

Date Received _____

Amount _____

Check # _____

OT \$150.00 _____

OTA \$110.00 _____

LATE FEE \$100.00 _____

INCLUDE LATE FEE IF APPLICATION, FEE, AND CONTINUING EDUCATION ARE NOT POST MARKED ON OR BEFORE JUNE 1, 2026.

Has your _____ name _____ address _____ place of employment changed since your last renewal?

LICENSE NO. _____

NAME _____
LAST MIDDLE FIRST MAIDEN

MAILING ADDRESS _____

CITY STATE ZIP COUNTY

PHONE _____ E-MAIL _____

EMPLOYER _____ WORK PHONE _____

WORK ADDRESS _____

CITY STATE ZIP COUNTY

Areas of Practice

Please answer to the best of your knowledge about your current practice. There is no incorrect response.

Workplace Settings (Settings taken from AOTA (2019) Workforce and Salary Survey)

Mark in which workplace settings you currently practice:

- _____ Academia: college/university instructor
- _____ Community: adult care program, group home, low vision program, prevention/wellness program, senior care
- _____ Early intervention: early intervention program, pediatric daycare program
- _____ Freestanding outpatient: comprehensive outpatient rehab facility, physician/optometrist office, private practice (office based), not-for-profit agency
- _____ Home health: home health agency, mobile treatment/home care
- _____ Hospital (non-mental health): general hospital-acute/inpatient, hospice, hospital-based outpatient, NICU, rehabilitation hospital or unit
- _____ Mental health: behavioral health-freestanding or hospital based, partial hospitalization program, mental health day program
- _____ New graduate or not working in OT field
- _____ Schools: school system-public or private, transitional program for students
- _____ Other: driving program, industrial rehab/work program, sheltered workshop, and any that don't apply to those listed above. _____

Clinical Practice Areas (Revised from Merritt & Perkins, 2013)

Mark in which clinical practice areas you currently practice:

- | | |
|--|---|
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Occupational Health & Safety (OH&S) consultations |
| <input type="checkbox"/> ADL assessments | <input type="checkbox"/> Occupational rehabilitation |
| <input type="checkbox"/> Autism spectrum disorders | <input type="checkbox"/> Occupational training services |
| <input type="checkbox"/> Caregiver training | <input type="checkbox"/> Pain management |
| <input type="checkbox"/> Dementia Care | <input type="checkbox"/> Palliative care |
| <input type="checkbox"/> Driving assessments | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Physical Agent Modalities (PAMs) |
| <input type="checkbox"/> Equipment provision and adaptive technology | <input type="checkbox"/> Professional supervision services |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Public Access |
| <input type="checkbox"/> Hand therapy/splinting/scar management | <input type="checkbox"/> Seating and wheelchair consultations |
| <input type="checkbox"/> Handwriting and fine motor skills | <input type="checkbox"/> Sensory integration |
| <input type="checkbox"/> Home modification assessments | <input type="checkbox"/> Wellbeing and health promotion |
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Workplace-related services and functional capacity evaluations |
| <input type="checkbox"/> Lymphedema | <input type="checkbox"/> Not working in OT field |
| <input type="checkbox"/> Medical-legal assessment and reporting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental health | |
| <input type="checkbox"/> Neurological rehabilitation | |
| <input type="checkbox"/> Nursing home consultations | |

Background Questions

You must answer the following questions!

Have you been sued for malpractice in the last 24 months? Yes No

Have you been convicted of an offense other than a minor traffic violation in the last 24 months? Yes No

Have you been notified by a state occupational therapy board of any complaint against you relative to the practice of occupational therapy in the last 24 months? Yes No

Has any state occupational therapy board denied, reprimanded, suspended, or revoked a license issued to you in the last 24 months? Yes No

If the answer to any of the questions is yes, please attach an explanation with complete details on a separate sheet. A criminal judgment or related documentation must be submitted for convictions.

Military Service

You must answer no if you are not a member of the US military or a military spouse.

Are you an active member of the U.S. Military OR A spouse of an active U.S. Military member? **No**
(If "yes", you must submit proof of your military status or your spouse's active member status. Please submit a military issued ID noting relationship to the military member and the orders of the active military member status for you or your spouse.)

Go to page 3 for questions about supervision!

Supervision

Please answer the appropriate questions about supervision:

OTs ONLY:

1. Are you the substantiating *OT* for any OTAs practicing in ND? _____ NO _____ YES - Go to #2.
Check YES only if are the substantiating OT of record. Do not check YES, if you are providing supervision over a short period of time due to a substantiating OT's absence due to vacation, medical leave, military leave, etc.

2. If you answered "Yes" to the above question, please print the names of the OTAs you will be substantiating for:

3. Are you currently supervising any limited permitholders? _____ NO _____ YES – Go to #4.

4. If yes, please print the names of the limited permitholders.

OTAs ONLY:

1. Are you currently practicing in ND as an occupational therapy assistant? _____ NO _____ YES - Go to #2.
2. If you are currently practicing OT, who is your current substantiating OT supervisor? *

***Your *substantiating* OT supervisor will need to complete and sign the Substantiation of Supervision form and return it with your renewal form. ***

All licensees must sign below or the application will be returned!

I certify the foregoing application to be true and correct, cognizant that any falsification could result in denial, suspension, and/or revocation of license.

Signature of Applicant

Date

A completed 2026/2028 Renewal of License form, renewal fee, completed Jurisprudence Exam, 20 hours of continued competency verification within the last 2 years preceding the date of this application, and completed OTA substantiation of supervision, if applicable, must be submitted to the Board office, postmarked on or before June 1, 2026. All practicing OTA's must also submit the completed Substantiation of Supervision form signed by their substantiating OT supervisor.

You must submit a check or money order payable to NDBOTP for the appropriate fee listed on page 1 of this form. Do not staple or tape your check to the form to avoid torn checks and form.

For renewal forms, fees, Jurisprudence exam, or continued competency verification postmarked after June 1, 2026, a \$100 late fee will be assessed in addition to the renewal fee. If not renewed, the license will expire June 30, 2026!

Please send your renewal form to the address below:

NDBOTP
2900 E Broadway Ave Ste 3
Bismarck, ND 58501